

# 2010 COBRA MONTHLY INSURANCE RATES

*Make check payable to - State of Montana*

## MEDICAL RATES

Available Plans	Traditional	Peak*	Blue Choice*	New West*
COBRA Only	\$654.84	\$634.44	\$636.48	\$650.76
COBRA + Spouse	\$813.96	\$791.52	\$789.48	\$835.38
COBRA + Children	\$718.08	\$699.72	\$697.68	\$739.50
COBRA + Family	\$844.56	\$822.12	\$818.04	\$865.98

## Dental Rates

## Vision Rates

\$34.78	\$7.79
\$52.94	\$14.71
\$51.41	\$15.48
\$59.16	\$22.71

## ARRA ASSISTANCE ELIGIBLE INDIVIDUAL MEDICAL RATES

Important!: Approval Required

Available Plans	Traditional	Peak*	Blue Choice*	New West*
COBRA Only	\$229.20	\$222.06	\$222.77	\$227.77
COBRA + Spouse	\$284.89	\$277.04	\$276.32	\$292.39
COBRA + Children	\$251.33	\$244.91	\$244.19	\$258.83
COBRA + Family	\$295.60	\$287.75	\$286.32	\$303.10

## Dental Rates

## Vision Rates

\$12.18	\$2.73
\$18.53	\$5.15
\$18.00	\$5.42
\$20.71	\$7.95

\*Not available in all areas.

Rates include a prescription drug plan and the Employee Assistance Program.



**ARRA** – The American Recovery and Reinvestment Act of 2009 (ARRA) reduces the COBRA premium in some cases. If you experience a loss of coverage due to an involuntary termination of employment at some time on or after September 1, 2008 you may be eligible for the temporary premium reduction for up to nine months. To help you determine whether you can receive the ARRA premium reduction, you should carefully read the documents included in this information packet.



**LIFE INSURANCE** - COBRA does not provide for continuation of life coverage under the State Plan. Conversion forms for Plans A, B, C, and D are available upon request from the Health Care and Benefits Division at 406/444-7462 or toll free 800/287-8266.



**MEDICARE ELIGIBILITY** - NO insurance coverage is allowed under the State Plan after a COBRA individual becomes Medicare eligible, unless the individual is Medicare eligible due to end-stage renal disease or Medicare eligible prior to electing COBRA. Conversion applications for medical coverage only are available through Blue Cross Blue Shield of Montana and must be submitted within 30 days from the date coverage terminated.